December 22, 2006

Ms. LouEllen Rice, Grants Management Officer
Division of Grants Management, OPS
SAMHSA
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. Rice:

This letter is to inform you that per federal statute, Washington State's MHPAC has reviewed and approved the submission of the required Modifications to Washington State's 2007 Mental Health Block Grant Plan as requested by the Peer Review Panel on December 1, 2006, in San Diego, California.

The Modifications have been made to the document in SAMHSA's Web B-GAS web-site. If the additional information does not meet your expectations or if you have further questions you are invited to please contact Amy Besel, the State Planner, by phone at (360) 902-0202 or by email at BeselAJ@dshs.wa.gov.

Sincerely,

Joann Freimund, Chair
Mental Health Planning and Advisory Council

STATE: WASHINGTON
LIST OF MODIFICATIONS: ADULT PLAN

1. Within 30 days, the State of Washington will submit to CMHS additional descriptions of the dental, education, co-occurring, and case management services.

As described through out the Plan, Washington's Mental Health Division (MHD) contracts with 13 Regional Support Networks (RSNs) who in turn sub-contract with MHD licensed Community Mental Health Agencies (CMHAs) for the provision of mental health services to consumers. This includes case management, crisis intervention and stabilization, as well as individual and group outpatient and inpatient services. Case managers work with the consumers to develop a consumer-driven, strength-based, Individual Service Plan (ISP), compliant with the Washington Administrative Code (WAC) 388-865-0425 which reads as follows:

WAC 388-865-0425
INDIVIDUAL SERVICE PLAN

Community support service providers must provide consumers with an individual service plan that meets his or her unique needs. Individualized and tailored care is a planning process that may be used to develop a consumer-driven, strength-based, individual service plan. The individual service plan must:

(1) Be developed collaboratively with the consumer and other people identified by the consumer within thirty days of starting community support services. The service plan should be in language and terminology that is understandable to consumers and their family, and include goals that are measurable;
(2) Address age, cultural, or disability issues of the consumer;
(3) Include measurable goals for progress toward rehabilitation, recovery and reintegration into the mainstream of social, employment and educational choices, involving other systems when appropriate;
(4) Demonstrate that the provider has worked with the consumer and others at the consumer's request to determine his/her needs in the following life domains:
- (a) Housing;
- (b) Food;
- (a) Income;
- (b) Health and **dental care;**
- (c) Transportation;
- (d) Work, **school** or other daily activities;
- (e) Social life; and
- (f) Referral services and assistance in obtaining supportive services appropriate to treatment, such as **substance abuse treatment**.

(5) Document review by the person developing the plan and the consumer. If the person developing the plan is not a mental health professional, the plan must also document review by a mental health professional. If the person developing the plan is not a mental

health specialist required per WAC 388-865-405(5) there must also be documented consultation with the appropriate mental health specialist(s);
(6) Document review and update at least every one hundred eighty days or more often at the request of the consumer;
(7) In the case of children:
(a) Be integrated with the individual education plan from the education system whenever possible;
(b) If the child is under three, the plan must be integrated with the individualized family service plan (IFSP) if this exists, consistent with Title 20, Section 1436.

Case management services are addressed in WAC 388-865-0230 (Community Support Services) which ensures access to case management services for adults through community mental health agencies (contracted by the Regional Support Networks.)

WAC 388-865-0230
COMMUNITY SUPPORT SERVICES

The regional support network must develop and coordinate age and culturally competent community support services that are consistent with chapters 71.24, 71.05, and 71.34 RCW:

(1) Provide the following services directly, or contract with sufficient numbers and variety of licensed and/or certified service providers to ensure that persons eligible for regional support network services have access to at least the following services:
(a) Emergency crisis intervention services;
(b) **Case management services;**
(c) Psychiatric treatment including medication supervision;
(d) Counseling and psychotherapy services;
(e) Day treatment services as defined in RCW 71.24.300(5) and 71.24.035(7);
(f) Consumer employment services as defined in RCW 71.24.035 (5)(e); and
(g) Peer support services.
(2) Conduct prescreening determinations for providing community support services for persons with mental illness who are being considered for placement in nursing homes (RCW 71.24.025(7) and 71.24.025(9)); and
(3) Complete screening for persons with mental illness who are being considered for admission to residential services funded by the regional support network (RCW 71.24.025 and 71.24.025(9)).

Washington State Legislature passed state law Chapter 70.96C Revised Code of Washington (RCW) in 2005. This law requires screening and assessment of chemical dependency and mental disorders. Co-occurring disorder screening and assessment will be required to be implemented in the Regional Support Network (RSN) contract by January 1, 2007. See RCW 70.96C (in pertinent part) below:

CHAPTER 70.96C RCW
SCREENING AND ASSESSMENT OF CHEMICAL DEPENDENCY AND MENTAL DISORDERS
70.96C.010
Integrated, comprehensive screening and assessment process for chemical dependency and mental disorders.

(1) The department of social and health services, in consultation with the members of the team charged with developing the state plan for co-occurring mental and substance abuse disorders, shall adopt, not later than January 1, 2006, an integrated and comprehensive screening and assessment process for chemical dependency and mental disorders and co-occurring chemical dependency and mental disorders.

(a) The process adopted shall include, at a minimum:

(i) An initial screening tool that can be used by intake personnel system-wide and which will identify the most common types of co-occurring disorders;

(ii) An assessment process for those cases in which assessment is indicated that provides an appropriate degree of assessment for most situations, which can be expanded for complex situations;

(iii) Identification of triggers in the screening that indicate the need to begin an assessment;

(iv) Identification of triggers after or outside the screening that indicate a need to begin or resume an assessment;

(v) The components of an assessment process and a protocol for determining whether part or all of the assessment is necessary, and at what point; and

(vi) Emphasis that the process adopted under this section is to replace and not to duplicate existing intake, screening, and assessment tools and processes.

(b) The department shall consider existing models, including those already adopted by other states, and to the extent possible, adopt an established, proven model.

(c) The integrated, comprehensive screening and assessment process shall be implemented statewide by all chemical dependency and mental health treatment providers as well as all designated mental health professionals, designated chemical dependency specialists, and designated crisis responders not later than January 1, 2007.

(2) The department shall provide adequate training to effect statewide implementation by the dates designated in this section and shall report the rates of co-occurring disorders and the stage of screening or assessment at which the co-occurring disorder was identified to the appropriate committees of the legislature.

(3) The department shall establish contractual penalties to contracted treatment providers, the regional support networks, and their contracted providers for failure to implement the integrated screening and assessment process by July 1, 2007.

[2005 c 504 § 601.]

As articulated in the WACs above, **dental care, education,** and **substance abuse** are life domains which are ***required*** to be assessed and addressed with the consumer in their Individual Service Plan (ISP). Case management expectations are also defined in WAC. While the WACs support MHD policy and the RSN assurance of service delivery through CMHA's, there remains some diversity at the RSN/community level where partnerships exist. The following serve as examples of some of the activities found in the below noted RSNs.

A) Clark County RSN (CCRSN):

Education:

"CCRSN recognizes that education is one of the key components of the recovery vision principles. Higher education is one way in which our consumers can improve work opportunities and fully engage in the community life. The CCRSN continues to make progress in this effort. During fiscal year 2006, we increased the number of consumers participating in the peer support certification training offered in Washington. There are at least 40 consumers in Clark County who have completed the 40-hour training and the majority of them are working at various social service agencies in our community. Currently, CCRSN is in communication with the Clark College, Workforce Development Council, and Columbia River Mental Health Services to discuss the possibility of pursuing local peer support training accreditation. This effort would allow for the integration of peer support training into the overall academic discipline.

CCRSN has in place policy and procedure requiring our providers' agencies to assist consumers in achieving their educational goals through high quality Supported Education (SE) services. In 2000 and 2001, Clark County was awarded a two-year SAMHSA grant to educate consumers, family members, providers' agencies staff, key stakeholders, and the community in the principles and practice of Supported Education. The experience and training obtained as Clark County proceeded through all educational activities related to this grant are being used in assisting consumers in achieving their educational goals.

CCRSN has been in a unique position to provide Supported Education activities to the consumers. The awarding of the SAMHSA grant allowed the CCRSN to bring in Karen Unger, MSW, Ed.D, a pioneer in the field of Supported Education, to provide staff with in-depth training on the principles and practice of supported education. For example, providers' agencies staff, trained in support education practice, can help their consumers develop an educational plan that identifies the unique supports the person will need to be successful in college, while at the same time addressing the issues that will help the

person maintain the stability needed to be successful in college. CCRSN providers' agencies may provide assistance in registering for college, obtaining financial aid, obtaining services to address learning disabilities, connecting with the disability specialist and/or educational support groups. The staff may also provide or obtain tutoring and/or in-classroom support as needed. The staff may also help consumers connect with an existing educational support group, or they may attempt to establish a group designed specifically for students with psychiatric disabilities. Connecting a person with a "buddy" is another type of support that some consumers find helpful. The providers' agencies staff can identify buddies by contacting the college volunteer service and establish this special type of volunteer service.

Research and experience has shown that most people living with mental illness do need substantial support to be successful in post-secondary education. As described above, support for the person attending college can be established in a variety of ways. CCRSN expects its providers' agencies staff to work closely with consumers and their families using a holistic approach to ensure that consumers have access to a high quality supported education services."

Co-Occurring Disorders/ Substance Abuse:

Adults

"Clark County's Department of Community Services was awarded a three year, $1.5 million grant in October of 2004 from SAMHSA to develop specialized, integrated services for persons with co-occurring disorders of serious mental illness and methamphetamine (meth) abuse. Clark County RSN was one of six projects funded throughout the country, and is the only project that combines two evidenced-based practices from two systems into one program.

Clark County's COMET (Co-Occurring Methamphetamine Expanded Treatment) Program in its second year of operation, serves persons with a dual diagnosis - methamphetamine abuse or dependence and an Axis I mental health diagnosis in accordance with the Washington Mental Health Division Access to Care standards. The two central goals and corresponding objectives of COMET are:

- Goal One (Participant Level): To assist participants to establish a clean and sober lifestyle, to improve the quality of their lives, to improve physical health, and to reduce episodes of criminality, homelessness, and psychiatric crisis.

- Goal Two (System Level): To increase the capacity for targeted culturally competent and gender-specific methamphetamine treatment and to develop provider capacity to effectively serve this group of individuals.

Referrals to the program come from non-profit agencies (e.g., mental health, substance abuse, shelters,) serving the target population, from County specialty courts (e.g., Drug Court, Domestic Violence Court, Mental Health Court), from Child Protective Services, County and State Corrections officers, and the Health Department, and from medical

emergency service providers. In addition, potential participants are able to self-refer in response to the project's public education efforts and word-of mouth publicity.

COMET provides co-occurring treatment to 60 individuals per year through a unique integration of three evidence-based practices: the Matrix Model, ACT, and MRT (Moral Recognition Therapy). The COMET Care Coordination Team of eight staff, managed as a collaboration between the county and two providers. The COMET team of eight staff is located at one site, but is managed as a collaboration between three entities- Clark County Department of Community Services (DCS), Community Services Northwest (a licensed mental health treatment agency), and Lifeline Connections (a licensed mental health and chemical dependency treatment agency). Federal GPRA (Government Performance Results Act) baseline and six-month comparisons for 31 of the first 60 clients show statistically significant ($p < .05$) reductions in use of meth and other illegal drugs, and increases in abstinence from alcohol and illegal drugs. Further, data show increased employment, education, income, stability in housing and reduced criminality at six months. Ongoing evaluation of this unique program is being conducted by the Regional Research Institute at Portland State University."

Youth

"In July, 2005, Clark County Department of Community Services was awarded a four year SAMHSA grant to implement a re-entry program for young adults, ages 18-24, who are transitioning from local jails or state prisons. The program is designed to meet the needs of young offenders who have co-occurring substance abuse and mental health disorders.

The chief goals of Young Offender Re-entry Project (YORP) are to promote public safety (e.g., reducing the threat of harm to persons or their property) and to increase success rates of offenders who transition from custody. It works toward these goals by fostering effective risk management and treatment programming, by increasing offender accountability and self sufficiency, and by facilitating community victims' participation.

Through YORP, youth are able to access Integrated Dual Disorders Treatment (IDDT), which became available in December 2005 through Lifeline Connections, a new provider to the mental health provider network. Currently, up to 40 people can be served. IDDT is an evidence-based practice that improves the quality of life for persons with dual disorder by integrating substance abuse services with mental health services. The model includes the following key service philosophies and strategies.

- Multidisciplinary Team
- Stage-wise Interventions
- Access to Comprehensive Services
- Time Unlimited Services
- Assertive Outreach
- Motivational Interviewing
- Substance Abuse Counseling

- Group Treatment
- Family Psychoeducation
- Alcohol and Drug self-help groups
- Pharmacological Treatment
- Health-Promoting Interventions

This is also operated by Columbia River Mental Health Services and combines three best practice models: ACT (mental health); the Matrix model (alcohol and substance abuse) and Seeking Safety (described above). The program is offered collaboratively through Lifeline Connections and Community Services Northwest. Treatment staff establish contact with the offender prior to his or her release from custody, develop and implement transition accountability plans, and provide supervision and wraparound services which stress ex-offender autonomy and self support. A four-year evaluation of YORP is being conducted by the Regional Research Institute of Portland State University."

B) North Central RSN (NCRSN):

Education:

"Supported education is part of the requirement under supported employment. Our providers coordinate with their local community colleges on supports (financial and personal) while getting into and continuing their education."

Co-Occurring Disorders/ Substance Abuse:

"As for North Central and Substance Abuse treatment for adults, five of our six mental health providers are also DASA (Division of Alcohol and Substance Abuse) contractors, so there is good internal coordination there. For folks with co-occurring MI and CA, the Washington Institute of Mental Illness Research and Training (WIMIRT) just completed the training on our Rural Co-Occurring model and all but one DASA provider has committed to involvement in the research and provision of services. We do hope they will come on-board in 2007.

In 2004 we asked WIMIRT to do a search of Rural Co-Occurring treatment models so that we could adopt an EBP for those folks. There aren't any. So in 2005 they proposed the development of a model that we will pilot. We used some MHBG funds to pay for the training of mental health and substance abuse provider staff on the interventions. WIMIRT will do ongoing supervision and technical assistance and a graduate student at WSU will do the statistical analysis."

C) North Sound RSN (NSRSN):

Education:

"We have our local NAMI who have various educational seminars/workshops that we sponsor in part, by providing CEUs and copies, etc. We provide a (large) bus for NAMI/Consumers to go to Olympia on Martin Luther King day as an education/advocating event.

We have the Parent Network, a spin off of SAFE Wa, in our region providing education/advocacy/training to parents of kids with mental illness/severe emotional disturbance. They have started a group in Island County, are preparing to start another in a different county.

We hold 2 conferences a year, our Tribal Conference (2 day) and a Recovery Conference (1 day). These are well attended and a great learning experience for Professionals and Consumers.

We sponsor members of our advisory board and regional consumers to attend statewide conferences and local learning opportunities.

We constantly spam our providers/NAMI/Rainbow Center/Advisory Board regarding educational opportunities in the area, or nationwide.

We provide trainings here at NSMHA as they become available and pertinent to what is currently happening in mental health.

We have a training committee, made up of consumers, provider and NSMHA staff. Currently they have completed training module on PTSD and an updated American Indian Training. All the modules are accessible from our website".

Co-Occurring Disorders/ Substance Abuse:

"The North Sound has the Integrated Crisis Response/Secure Detox Pilot. We have been collaborating with local substance abuse providers, county coordinators and our ICRS staff. It's been a good dialogue for mental health and substance abuse to sit at the table to talk, problem solve and build an alliance in our region.

It's been a great project. However, we have a long way to go at providing co-occurring treatment throughout the region.

One of our adult providers is dually certified, which makes for seamless service. It would be nice to have all agencies dually certified.

All of our Designated Mental Health Professionals have had 40 hours of substance abuse training by WIMRT."

Dental:

"Sea Mar has limited dental at some of their clinics. There is a dental mobile van that is in Skagit and Whatcom Counties. Interfaith clinic in Whatcom County has a dental clinic. We recognize that dental care is an important piece to treating consumers in a holistic way".

STATE: WASHINGTON

LIST OF MODIFICATIONS: CHILD PLAN

1. Within 30 days, the State of Washington will submit to CMHS additional descriptions of the dental, education, co-occurring, and case management services.

- The provision of **dental services and meeting educational needs** of children and youth are addressed in State of **Washington Administrative Code (WAC)** 388-865-0425 (Individual services plan). As providers develop the Individual Service Plan (ISP) for each child or youth, they determine the needs in these domains, among others. Also relevant is WAC 388-865-0350 regarding Early Prevention Screening Diagnosis and Treatment (EPSDT) referrals (see below).
- Referral services and assistance in obtaining supportive services appropriate to treatment, such as substance abuse treatment, are required in the Individual Services Plan.
- In addition, children and youth are screened or referred for screening by their Primary Care Physician (PCP) through EPSDT. This cross referral system allows children and youth to be referred by the mental health system to health care service providers including dental health care and visa versa.
- Health and Recovery Services Administration (HRSA), of which the Mental Health Division is a part, convenes the EPSDT Improvement Team which meets quarterly to increase the utilization and effectiveness of the use of EPSDT in the State of Washington.
- The Access to Baby and Child Dentistry (ABCD) is an initiative to increase access to dental services for Medicaid eligible infants, toddlers and preschoolers. ABCD children are entitled to the full scope of care as described in the HRSA Dental Billing Instructions. These ABCD Billing instructions identify those specific services that are eligible for higher reimbursement.

WAC 388-865-0350
Mental Health Screening For Children

The mental health prepaid health plan is responsible for conducting mental health screening and treatment for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment (EPSDT) program. This includes:

(1) Providing resource management services for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program as specified in contract with the mental health division;

(2) Developing and maintaining an oversight committee for the coordination of the

early and periodic screening, diagnosis and treatment program. The oversight committee must include representation from parents of Medicaid-eligible children.

Washington State Legislature passed state law Chapter 70.96C Revised Code of Washington (RCW) in 2005. This law requires screen and assessment of chemical dependency and mental disorders. See RCW 70.96C (in pertinent part) below:

CHAPTER 70.96C RCW
SCREENING AND ASSESSMENT OF CHEMICAL DEPENDENCY AND MENTAL DISORDERS
70.96C.010
Integrated, comprehensive screening and assessment process for chemical dependency and mental disorders.

(1) The department of social and health services, in consultation with the members of the team charged with developing the state plan for co-occurring mental and substance abuse disorders, shall adopt, not later than January 1, 2006, an integrated and comprehensive screening and assessment process for chemical dependency and mental disorders and co-occurring chemical dependency and mental disorders.

(a) The process adopted shall include, at a minimum:

(i) An initial screening tool that can be used by intake personnel system-wide and which will identify the most common types of co-occurring disorders;

(ii) An assessment process for those cases in which assessment is indicated that provides an appropriate degree of assessment for most situations, which can be expanded for complex situations;

(iii) Identification of triggers in the screening that indicate the need to begin an assessment;

(iv) Identification of triggers after or outside the screening that indicate a need to begin or resume an assessment;

(v) The components of an assessment process and a protocol for determining whether part or all of the assessment is necessary, and at what point; and

(vi) Emphasis that the process adopted under this section is to replace and not to duplicate existing intake, screening, and assessment tools and processes.

(b) The department shall consider existing models, including those already adopted by other states, and to the extent possible, adopt an established, proven model.

(c) The integrated, comprehensive screening and assessment process shall be

implemented statewide by all chemical dependency and mental health treatment providers as well as all designated mental health professionals, designated chemical dependency specialists, and designated crisis responders not later than January 1, 2007.

(2) The department shall provide adequate training to effect statewide implementation by the dates designated in this section and shall report the rates of co-occurring disorders and the stage of screening or assessment at which the co-occurring disorder was identified to the appropriate committees of the legislature.

(3) The department shall establish contractual penalties to contracted treatment providers, the regional support networks, and their contracted providers for failure to implement the integrated screening and assessment process by July 1, 2007.

[2005 c 504 § 601.]

Co-occurring disorder screening and assessment will be required to be implemented in the Regional Support Network (RSN) contract by January 1, 2007.

The Mental Health Division (MHD) partners with the Division of Alcohol and Substance Abuse (DASA) to provide quarterly training on "Case Management for Youth with Co-Occurring Mental Illness and Substance Abuse Disorders" to case managers in both systems.

MHD participates with the DASA in its Annual Co-Occurring Disorders Conference with includes a youth track.

As articulated in the WACs above, **dental care, education,** and **substance abuse** are life domains which are ***required*** to be assessed and addressed with the consumer in their Individual Service Plan (ISP). Case management expectations are also defined in WAC. While the WACs support MHD policy and the RSN assurance of service delivery through CMHA's, there remains some diversity at the RSN/community level where partnerships exist. The following serve as examples of some of the activities found in the below noted RSNs.

A) Clark County RSN (CCRSN):

- For the past 10 years the Alcohol and Drug Program has contracted with Community Services NW (name has changed several times) "Northwest Recovery Center" to provide a program designed to severe Youth 12 to 20 years of age that have identified Co-occurring disorders.
- This includes; Primary Chemical Dependency or Substance Abuse, Mental Health issues as well as diagnosed Mental Disorders in some of the youth.
- The majority of the youth in this program are the most difficult to serve in our community. They are adolescents involved in multiple systems such as Juvenile Court and Child protective Services (CPS). They are defined as runaways, "At Risk and High Risk Youth" and are often involved in sex trade and drug dealing.

Other issues include homelessness, couch-surfing, school problems, and dropping out. They also often receive support for Special Education and Individual Education Plans and are diagnosed with/as Behavior Disordered, ADD, ADHD, Depression, Bipolar Disorder, PTSD and are victims of abuse neglect and other related problems.

- The services include: CD assessments, outpatient treatment, referral and placement in inpatient treatment (generally in Level II Secure programs for youth with addiction and psychiatric disorders.)
- The program provides service to about 80 youth monthly including treatment groups, individual therapy, drug testing and monitoring and case management. They serve both Medicaid and non-Medicaid youth, but about 75% are currently Medicaid eligible for Chemical Dependency Services.
- Planning is currently underway to redesign this program to provide an Adolescent Mental Health component to the program. This would follow the SAMHSA Integrated Dual Disorders Treatment (IDDT) Model for an integrated Mental Health and Chemical Dependency Co-Occurring Disorders program.
- In July, 2005, Clark County Department of Community Services was awarded a four year SAMHSA grant to implement a re-entry program for young adults, ages 18-24, who are transitioning from local jails or state prisons. The program is designed to meet the needs of young offenders who have co-occurring substance abuse and mental health disorders.

  The chief goals of Young Offender Re-entry Project (YORP) are to promote public safety (e.g., reducing the threat of harm to persons or their property) and to increase success rates of offenders who transition from custody. It works toward these goals by fostering effective risk management and treatment programming, by increasing offender accountability and self sufficiency, and by facilitating community victims' participation.

  Through YORP, youth are able to access Integrated Dual Disorders Treatment (IDDT), which became available in December 2005 through Lifeline Connections, a new provider to the mental health provider network. Currently, up to 40 people can be served. IDDT is an evidence-based practice that improves the quality of life for persons with dual disorder by integrating substance abuse services with mental health services. The model includes the following key service philosophies and strategies.

    - Multidisciplinary Team
    - Stage-wise Interventions
    - Access to Comprehensive Services
    - Time Unlimited Services
    - Assertive Outreach
    - Motivational Interviewing
    - Substance Abuse Counseling
    - Group Treatment

- Family Psychoeducation
- Alcohol and Drug self-help groups
- Pharmacological Treatment
- Health-Promoting Interventions

This is operated by Columbia River Mental Health Services and combines three best practice models: Assertive Community Treatment (ACT) -mental health; the Matrix model -alcohol and substance abuse, and Seeking Safety (described above). The program is offered collaboratively through Lifeline Connections and Community Services Northwest. Treatment staff establish contact with the offender prior to his or her release from custody, develop and implement transition accountability plans, and provide supervision and wraparound services which stress ex-offender autonomy and self support. A four-year evaluation of YORP is being conducted by the Regional Research Institute of Portland State University.

B) North Sound RSN (NSRSN):

- All of the counties in the RSN have at least one community mental health provider that is dually licensed to provide drug and alcohol services. However, there are not any robust comprehensive co-occurring disorder services specializing in serving children in the North Sound Region at this time. They are, however, developing these.
- Funding is being programmed for what will probably be an adult evidence-based practice integrated dual disorder program over the next two years. Their intention is also to operate the Program for Assertive Community Treatment (PACT) team as an evidence-based integrated dual disorder practice. NSRSN would like to develop co-occurring disorder services for adolescents if funding becomes available.

C) Peninsula RSN (PRSN):

- Screening for co-occurring disorders at intake and specifically addressing throughout treatment process is standard practice amongst all providers. Several agencies have specific staff/programs to target this.
- Co-Occurring Disorder Integrated Treatment Program is active and operated by Madrona Institute at Jefferson Mental Health Services (JMHS).
- Kitsap Mental Health Services (KMHS) has on staff a Chemical Dependency specialist who assists with integration of services, staff consultation and participates in Children's Drug Court.
- West End Outreach Services (WEOS) and Peninsula Community Mental Health Center (PCMHC) also have Chemical Dependency Professionals on staff and consistently strive to creatively integrate treatment services for this identified population.

- In addition, routine brokering with other ancillary providers is evident across the region. PCMHC teams up with True Star Program (located at Clallam County Juvenile Court) which provides certified CD treatment including assessments, drug court, detention based treatment, drug/alcohol information, as well as school and outpatient services.

D) Thurston Mason RSN (TMRSN):

- TMRSN-contracted provider, Behavioral Health Resources (BHR), is dually licensed as a chemical dependency provider and mental health provider. As such they have recently developed a "Family and Adolescent Co-Occurring Treatment Program" which provides outpatient chemical dependency services in partnership with its mental health service team.
- BHR is currently instituting the Global Assessment of Individual Needs Short Screener (GAIN-SS) in both the co-occurring and outpatient mental health program.
- Services are also coordinated closely between the other three Thurston/Mason-contracted chemical dependency programs and TMRSN network providers.

E) Timberlands RSN (TRSN):

- Willapa Counseling Center (WCC) (Pacific County): COD services are provided at both ends of the county and include individual, family treatment, and case management. During WCC's summer program for children, COD staff provided substance abuse education.
- Cascade Mental Health Care (Lewis County): Two Children's Services staff went to the co-occurring disorders training in the spring. They have had the Adult COD people train them in doing assessments for children and adolescents. Once they get that established, groups will begin. They will have groups begin (one in the western part and one in the eastern part of the county) the near the beginning of 2007.
- Wahkiakum County Mental Health Services (Wahkiakum County): COD services have seen and increase in school-based services through coordination with Urine Analysis testing as part of school policy, through fully implemented GAIN SS screening, and through the start-up of juvenile drug court. Further integration of staff training is occurring so COD case-managers work in both MH and CD agencies.

2. Within 30 days, the State of Washington will submit to CMHS additional descriptions of available substance abuse and information on IDEA.

These are also required to be addressed in the child or youth's Individual Service Plan (ISP) as spelled out below in WAC 388-865-0425 (7) (a) and (b) and highlighted here, the ISP:

(g) Be integrated with the individual education plan from the education system whenever possible;
(h) If the child is under three, the plan must be integrated with the Individualized Family Service Plan (IFSP) if this exists, consistent with Title 20, Section 1436.

The Mental Health Division is partnering with the Division of Alcohol and Substance Abuse (DASA) which has been awarded one of sixteen Substance Abuse and Mental Health Services Administration (SAMHSA) Adolescent Substance Abuse Treatment Coordination Grants to improve statewide coordination for adolescents and their families seeking treatment. The award is $400,000 a year for three years. DASA is using funds to develop a statewide infrastructure that fosters cross-system planning, and knowledge and resource sharing to enhance the existing adolescent substance abuse treatment system. The Mental Health Division is actively involved in this effort.

WAC 388-865-0425
INDIVIDUAL SERVICE PLAN

Community support service providers must provide consumers with an individual service plan that meets his or her unique needs. Individualized and tailored care is a planning process that may be used to develop a consumer-driven, strength-based, individual service plan. The individual service plan must:

(1) Be developed collaboratively with the consumer and other people identified by the consumer within thirty days of starting community support services. The service plan should be in language and terminology that is understandable to consumers and their family, and include goals that are measurable;
(2) Address age, cultural, or disability issues of the consumer;
(3) Include measurable goals for progress toward rehabilitation, recovery and reintegration into the mainstream of social, employment and educational choices, involving other systems when appropriate;
(4) Demonstrate that the provider has worked with the consumer and others at the consumer's request to determine his/her needs in the following life domains:
(a) Housing;
(b) Food;
(i) Income;
(j) Health and **dental care;**
(k) Transportation;
(l) Work, **school** or other daily activities;
(m) Social life; and
(n) Referral services and assistance in obtaining supportive services appropriate to treatment, such as **substance abuse treatment**.
(5) Document review by the person developing the plan and the consumer. If the person developing the plan is not a mental health professional, the plan must also document review by a mental health professional. If the person developing the plan is not a mental health specialist required per WAC 388-865-405(5) there must also be documented consultation with the appropriate mental health specialist(s);

(6) Document review and update at least every one hundred eighty days or more often at the request of the consumer;
(7) In the case of children:
(a) Be integrated with the individual education plan from the education system whenever possible;
(b) If the child is under three, the plan must be integrated with the individualized family service plan (IFSP) if this exists, consistent with Title 20, Section 1436.

Case management services are addressed in WAC 388-865-0230 (Community Support Services) which ensures access to case management services for children and youth through community mental health agencies (contracted by the Regional Support Networks.)

WAC 388-865-0230
COMMUNITY SUPPORT SERVICES

The regional support network must develop and coordinate age and culturally competent community support services that are consistent with chapters 71.24, 71.05, and 71.34 RCW:

(1) Provide the following services directly, or contract with sufficient numbers and variety of licensed and/or certified service providers to ensure that persons eligible for regional support network services have access to at least the following services:
(a) Emergency crisis intervention services;
(b) **Case management services;**
(c) Psychiatric treatment including medication supervision;
(d) Counseling and psychotherapy services;
(e) Day treatment services as defined in RCW 71.24.300(5) and 71.24.035(7);
(f) Consumer employment services as defined in RCW 71.24.035 (5)(e); and
(g) Peer support services.
(2) Conduct prescreening determinations for providing community support services for persons with mental illness who are being considered for placement in nursing homes (RCW 71.24.025(7) and 71.24.025(9)); and
(3) Complete screening for persons with mental illness who are being considered for admission to residential services funded by the regional support network (RCW 71.24.025 and 71.24.025(9)).

3. Within 30 days, the State of Washington will submit to CMHS a description of rural and homeless services specific to children and youth.

As noted in our Plan, Washington State has both urban and rural service needs. This is often perceived as a division between the Western and Eastern sides of the state as 80% of the population resides on the Western half of the state. However, even within these halves, diversity of rural and urban needs exist. Part of the reasoning behind the legislatively mandated Request For Qualifications (RFQ), discussed in detail in the Plan, was to ensure service delivery across the state for all population densities. Below are

descriptions of how these services are provided in some of the various Regional Support Networks around Washington State:

A) Peninsula RSN (PRSN):

- The majority of this region is a rural setting and requires providers to be flexible and creative in delivery of mental health services including regularly conducting home visits, utilizing schools and partnering with other community agencies. Bus passes are routinely provided to help support accessing services across our region. Homelessness/housing is a targeted domain that is routinely identified at intake and is addressed throughout treatment by brokering with community resources.
- West End Outreach Services (WEOS) has an outreach program (PATH) that accesses the most rural and remote corner of our region/state to provide services to children and their families.
- Peninsula Community Mental Health Center (PCMHC)) also teams with ancillary providers to fully address homelessness including: Dream Center, Family Planning Youth Education Program, YMCA of Clallam County and Serenity House, resulting in several innovative opportunities for this population.

B) Timberlands RSN (TRSN):

- Willapa Counseling Center: Clinical staff provide outreach services to children and their families in all areas of rural Pacific County. Staff attempt to locate affordable housing for children and families, but often find this very challenging. In the past two years the average price of a home has increased dramatically. Low income rental housing is also severely limited in the county. The RSN Executive Director has been involved with the local housing task force to identify unmet housing needs and homeless families with children are a top priority. There is insufficient funding available to ensure adequate housing.
- Cascade Mental Health Care: When clinicians have clients on their case load who need housing, they assist them in everyway possible. They have also loaned state-only funds to clients to assist in paying deposits to get into housing.
- Wahkiakum County Mental Health Services: They are applying for additional THOR (Transitional Housing, Operations and Rent) dollars for families with Children; Point In Time Count including “couch-surfing” kids. They are also developing housing supports for youth 18-21 (ex-foster kids, transitioning kids etc.).

C) Thurston Mason RSN (TMRSN):

- TMRSN network providers provide home, community and school-based services to Thurston and Mason residents living in rural areas.
- TMRSN funds a homeless outreach program for youth and adults in Thurston and Mason counties. TMRSN contracted provider, Behavioral Health Resources, also outstations a clinician at a homeless youth drop-in shelter called Rosie's Place, located at Community Youth Services in Olympia.

D) North Sound RSN (NSRSN):

- All of their providers are responsible to serve people in the rural part of the five counties we serve. If someone cannot come into one of the providers' offices, services are provided on an outreach basis.
- Services are available in all counties within 30 minutes driving time with the exception of one area along the Canadian border. That problem has been identified.
- One provider, Compass Health, has a business associate which is a youth shelter, Cocoon House. Compass Health's mental health staff provide services to these youth at the Cocoon House shelter and at Compass Health's offices. There are now discussions around developing another youth homeless shelter in Snohomish County.
- There are women's shelters in Everett and Bellingham. Crisis and Involuntary Treatment Act (ITA) professionals go to these shelters to assess, stabilize, and refer women and children. Crisis Service staff may also see children placed in foster homes by the Department of Social and Health Service's Children's Administration. Children's Administration provides much of the stabilization services. Ongoing outpatient services are also available to qualifying people living in these shelters or who are homeless.

E) Clark County RSN (CCRSN):

- A program called Janus provides shelter and outreach services for youth. These are for homeless and runaway kids. They work with the state. Kids may stay up to two weeks in a community bed and longer in a state bed.
- YWCA provides a daycare services for homeless families at the family shelters. Kids can be there with their families.
- Janus Youth Outreach Program will be developed and targeted to identify where Clark County youth are congregating, provide for emergency needs and support and referring them to services and supports that will help them transition out of street life.
- Program Outcomes Outreach will be developed to provide services to an estimated 100 youth. The Contractor will recruit and train 40 volunteers. 135 youth will be provided emergency assistance and crisis support, 8 volunteers will be trained as outreach workers, 50 youth will be connected to services and 10 youth will transition to housing. The State Year Plan - Short Term

Emergency Response Strategy is to expand outreach, assessment, and case management services to persons who are on the streets. 10-year Plan Prevention Strategy is to identify and engage homeless and at-risk youth.

4. Within 30 days, the State of Washington will submit to CMHS a description of staffing and training for emergency service workers specific to children and adolescents.

As articulated in detail in the Plan, emergency service workers have been provided many hours of training and support. At the local Regional Support Network (RSN) level, the following activities have occurred:

A) Clark County RSN (CCRSN):

- Staffing for child specialists for Clark County Crisis services is a minimum one specialist per shift including nights. During peak school hours they overlap the coverage to allow for increased requests for child evaluations. They have 6 full-time specialists on staff that meet state code for that specialty.
- They have the advantage of specialized programs that are contracted by the RSN for dealing with kids in crisis which are provided by Catholic Community Services.
- They offer training stipends to allow the child specialists to attend trainings that will support their continued licensing and area of expertise. Crisis takes advantage of all trainings specific to child mental health specialists provided by the RSN

B) Timberlands RSN (TRSN):

- Willapa Counseling Center: Presently two out of eight Designated Mental Health Professionals (DMHPs) are also Child Mental Health Specialists. These Clinicians provide consultation to the other DMHPs when indicated.
- Cascade Mental Health Care: Crisis staff consults with the Child Mental Health Specialists in the agency as needed. The lead staff has several years of experience working with children and families.
- Wahkiakum County Mental Health Services: Training is provided to CERT (Citizen Emergency Response Teams), Domestic Violence shelter and Sexual Assault staff; MH staff are included in numerous table top and real time emergency response trainings; Outreach is conducted in conjunction with Emergency Management staff to support affected individuals including kids.

D) North Sound RSN (NSRSN):

- The North Sound Region currently operates eight emergency service and involuntary commitment teams across our five counties. Two of these teams are special children's crisis teams and these teams are staffed by Children's Mental Health Specialists.
- The second largest county in the RSN has requested that a specialized children's team be developed there. This is under review.
- The other crisis teams have members who are Children's Mental Health Specialists, but the majority of these staff are not specialists in working with children; however they do solicit consultation from the Children's Specialists when necessary.

E) Thurston Mason RSN (TMRSN):

- TMRSN has contracted child-serving agencies which are required to have trained Child Mental Health Specialists available for crisis response 24/7.
- Training occurs at new hire orientation and is ongoing for all staff providing crisis response.

F) Peninsula RSN (PRSN):

- All providers have appropriate proportion of Child Mental Health Specialists (CMHS) on staff and regularly provide Crisis response services. Each CMHS is relied upon for consultation and treatment oversight.
- Jefferson Mental Health Services, the supervisor of Crisis Services, reports over 50% of Designated Mental Health Professionals are CMHS..
- West End Outreach Services is currently in the process of developing a role for disaster mental health services, which includes a CMHS participating in emergency shelter based services in conjunction with a community-wide disaster response initiative. Interfacing with law enforcement, first responders, schools and the medical community in crisis response to meet the needs of children and families in their region is reported as common practice.